

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

SL 26428

XC 1 224 7th

10048-62-040325

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

10048

FILED OCT 29 1962

1. PLACE OF DEATH  
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN ST. LOUIS, MISSOURI

Length of stay in 1b  
60 DAYS

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION VAH, 915 N. GRAND AVE.

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE MISSOURI b. COUNTY ST. LOUIS

c. CITY OR TOWN NORMANDY Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 3200 KEMP DRIVE Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First Middle Last  
EDWIN W. HOELSCHER

4. DATE OF DEATH  
Month Day Year  
10/18/62

5. SEX  
MALE

6. COLOR OR RACE  
WHITE

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
9/8/1895

9. AGE (last birthday)  
62

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
SALESMAN

10b. KIND OF BUSINESS OR INDUSTRY  
Brush Co.

11. BIRTHPLACE (City and state or country)  
ST. LOUIS, MISSOURI

12. CITIZEN OF WHAT COUNTRY  
U.S.A.

13a. FATHER'S NAME

ADOLPH W. HOELSCHER

13b. MOTHER'S MAIDEN NAME

Lillian LEYMAN

14. NAME OF HUSBAND OR WIFE

MAUDE HOELSCHER

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
YES WW-I

16. SOCIAL SECURITY NO.  
Unknown

17. INFORMANT Address  
MAUDE HOELSCHER (WIDOW) SEE #2

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY: ARTERIOSCLECTIC HEART DISEASE

IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

4200

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
Pneumonia PNEUMONIA

PART III. If deceased was female was there a pregnancy in last 90 days.  
☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. Attended the deceased from 8/19/62 to 10/18/62 and last saw him alive on 10/18/62

Death occurred at 2:27 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Albert P. Kovacs M.D.

22b. ADDRESS

VAH, ST. LOUIS, MO.

22c. DATE SIGNED

10/18/62

23a. BURIAL, CREMATION, REMOVAL (Specify)  
Entombment

23b. DATE  
10-20-62

23c. NAME OF CEMETERY OR CREMATORY  
Hermann City Cemetery

23d. LOCATION (City, town, or county) (State)  
Hermann, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Blumer Funeral Home, Hermann, Mo.

25. DATE RECD. BY LOCAL REG.

OCT 19 1962

26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 29 1962

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Narry E. Monroe

Licensed Embalmer No. 4495

P. O. Address St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.